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ABSTRACT

Annotations of twelve documents introduce educators to representative literature in the field of drug education in the 1970s. The documents selected include descriptions of established drug education programs, recommended characteristics of drug education programs, alternative drug education techniques, a longitudinal survey of drug use in a Georgia high school, and discussions of drug education program evaluation. The documents included are listed in Resources in Education (RIE) and the Current Index to Journals in Education (CIJE). (PGD)

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The Best of ERIC

Clearinghouse on Educational Management

The Best of ERIC presents annotations of ERIC literature on important topics in educational management.

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Dealing with the Drug Problem

1 **Arthur, Gary L.; Sisson, P. Joe;** and **Nix, George C.** "Three Year Follow-Up Drug Survey of High School Youth in a Typical Georgia School." *Journal of Drug Education,* 7, 1 (1977), pp. 43-52. EJ 154 708.

If the findings from this third in a series of drug surveys are generalizable to the national high school population, there is a "growing disinterest in the drug scene" on the part of students.

When comparing these results with surveys taken in 1971 and 1974, the authors found that a greater percentage of students had completed formal course work in drug education, and a significantly larger number than in earlier surveys indicated they would like a course in drug education. Nevertheless, the researchers noted a decline across all four grade levels in general knowledge about drugs. There was only one exception to this decline: "the entire student body answered correctly 92 per cent of the items pertaining to marijuana." At the same time the level of knowledge about marijuana has increased in each survey, knowledge pertaining to the legality of certain drugs, especially hard drugs, has declined.

The actual use of drugs is generally limited to less dangerous or legal drugs. The substances most frequently used were cigarettes, alcohol, and marijuana, in that order. Seventy-nine percent of all students reported having tried alcohol as compared with 52 percent for marijuana. Only 3 percent reported being regular users of alcohol, while 7 percent reported using marijuana on a daily basis. Most heartening of all, perhaps, is that of the 1,329 students surveyed, only 3 percent reported having tried heroin, and not a single student reported using heroin on a regular basis.

These survey results lead the authors to predict that "the time is ripe for a consistent and knowledgeable approach to drug education."

2 **Brown, Edward H., Jr.,** and **Klein, Andrew L.** "The Effects of Drug Education Programs on Attitude Change." *Journal of Drug Education,* 5, 1 (1975), pp. 51-55. EJ 118 981.

How can abusers of drugs be reached? What effect do communications in the media have on drug users?

To reach the substantial numbers of drug users in their population, all large American cities have established drug education and control programs in which media communications play a large role. Brown and Klein cite the ineffectiveness of the media campaign against cigarettes and suggest that "doubts remain as to the effectiveness of any type of mass media communication, regardless of its presentation, as being a means of attitude change."

To test their hypothesis that mass urban drug control programs have no effect on audience attitudes, the authors examined programs in five major cities. After comparing addiction rates over several years, they concluded that all programs have been ineffective. Despite major differences between programs, it appears that none "worked more or less effectively than the other."

The authors caution that the programs themselves may not have "been in effect long enough to significantly influence attitude change." They feel that long-term research is now needed on all drug education programs, "especially those which have been in existence for only two or three years."

3 **Bushey, Julia A.** *Drug Education: Goals, Approaches, Evaluation. ERS Report.* Washington, D.C.: Educational Research Service, 1975. 33 pages. ED 112 528.

Despite the increased attention paid to them, school drug programs have not been effective for any of several reasons. One major problem is the lack of a working definition of what "drugs" are. Some schools include coffee and tobacco in their programs, while others concentrate only on illegal or dangerous drugs—hallucinogens, stimulants, and depressants. There is little consensus as well about the goal of a drug program and how it should be integrated into the school curriculum. Is the program's goal to educate? To alter behavior? Should drug education be part of regular curricular offerings, or should it be extracurricular?

The different goals of drug education can be conveniently categorized into two approaches. The *cognitive* approach presents information concerning drugs and their effects in the belief that facts will lead to right choices. But drug surveys have revealed a boomerang effect in cognitive programs: increases in drug knowledge are often accompanied by increases in drug use.

Because the cognitive approach has been ineffective, educators are turning to *affective* programs. The goals of affective programs do not focus on drugs, but on people. Key concepts include increasing an individual's participation in alternatives to drugs, clarifying personal goals, improving decision-making skills, and improving a student's self-concept.

Even though the majority of school programs are now affective ones, Bushey warns "there is little objective evidence that their achievement affects drug use."

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4 **Chow, Stanley; Ertle, Vicki;** and **Keyes, David.** *Drug Education. PREP Report No. 36.* Washington, D.C.: National Institute of Education, 1972. 87 pages. ED 067 515.

Early drug education programs were often created in panic. They either scared students or gave them factual information that often led to greater drug use. Those early experiments are now being replaced. Chow and his colleagues confirm Bushey's observation that the trend is now away from information and "toward values training, humanization of the schools, and development of decisionmaking skills."

In this guide Chow and his associates offer advice for the drug education planner. First, planners are urged to get solid information on drug use from as many agencies as possible. What are the profiles of drug users? What drugs are being used and how frequently? Second, goals should be realistic. Schools can do only part of the job of drug education. Third, a decision must be made concerning the program's status. Will it be a part of the regular curriculum, or will it be extracurricular? Will teachers need special training? Fourth, a means of evaluation should be decided on early.

Of special interest in this publication are ten case studies of school drug programs. The samples have been chosen for their geographical distribution, some distinctive feature they possess, some acclaim they have achieved, or because they are preventive rather than rehabilitative. The studies range from the white-collar community of Coronado, California (population 17,000), which teaches a low-key values course, to Wayne County, Michigan's DARTE program, which employs a traveling two-person professional team that trains teachers, students, and administrators in drug laws, pharmacology, and sensitivity training.

The guide also evaluates six commercial drug programs.

5 **Clements, Mary.** "Health and Drug Education—A Regional Approach." *Educational Leadership,* 35, 4 (January 1978), pp. 314-17. EJ 171 597.

An example of a drug program using an affective values approach is one in Council Bluffs, Iowa, called the Values Clarification Project.

Clements reports that the "major long-range goal of the Values Clarification Project is to achieve a reduction in the misuse of drugs and alcohol through the valuing processes in classroom instruction." Students will ideally "practice ways that are more positive, purposeful, and enthusiastic," a process that should "lead to the reduced instance of drug abuse."

Teaching values is different, of course, from the traditional skills generally taught to analyze academic problems. Specific values themselves are not taught. Rather, what is taught are the "skills necessary in decision making, communication, recognition, and management of feelings." One activity of the project has been to train students to do peer counseling, a common component of affective drug education programs.

The Berkeley Health Project, another program in the Council Bluffs area, combats drug use by stressing an appreciation and understanding of how the body works. It teaches prevention of disease and encourages youth to make "their own sound decisions about personal and environmental factors that affect health."

6 **Hoyt, Jane Hauser.** "Playing Against Drugs." *American Education,* 12, 10 (December 1976), pp. 21-25. EJ 156 582.

The philosophy of the Appleton, Wisconsin, drug prevention program is, "If children feel good about themselves, are able to make their own decisions, and understand their own values, they will have little or no need for drugs." The program has adopted the goals similar to many other affective drug programs: to improve student self-concepts and to teach problem-solving skills.

The program began with federal grants to study the overall drug and alcohol situation in Appleton and Wisconsin generally. Alcohol remains a major focus of the program in a state that ranks high in alcoholism. Originally the drug program spanned all the school years and was taught in the social studies curriculum. Gradually the program spread into other parts of the curriculum, but its length of coverage was restricted to grades two through six. The director of the program felt that "beyond sixth grade we were doing just remedial work—that many of a child's values and attitudes were set by then."

Games, role-playing, story-telling, and peer counseling are only a few of the innovative concepts employed. One teacher, for example, encourages his students to keep a "values journal."

Evaluations of the program revealed that it was successful in helping students become more outgoing in class, more willing to participate in activities, and more positive in their behavior outside the classroom.

7 **Mathews, Walter M.** "A Critique of Traditional Drug Education Programs." Paper presented at the American Educational Research Association annual meeting, Chicago, April 1974. 12 pages. ED 091 649.

Mathews succintly summarizes two general teaching modes that have guided the course of drug education—the "converting" and the "supportive."

In the "converting" mode, a teacher or some official representative attempts to bring student "beliefs, attitudes, values and behaviors with respect to drugs *in congruence with* those sanctioned by the school." The converting mode employs four rhetorical methods of presenting material: directing, preaching, convincing, and scaring. All these styles have in common the appeal to external authority as its source of justification. Mathews notes that cinema has become a popular teaching tool in the converting mode, despite the revelation by the National Coordinating Council on Drug Education in 1972 that 84 percent of the films it reviewed contained "factual or conceptual errors."

Counseling by staff members or peers occupies a prominent place in the "supportive" mode, which allows students to work through problems on their own. While the success of the supportive mode remains to be convincingly demonstrated, Mathews cites a number of surveys that at least demonstrate conclusively the failure of converting programs.

His recommendations include group process training for

teachers, student involvement in writing programs, and community cooperation. He believes that existing printed materials and films on drugs should be deemphasized or eliminated.

8 **Reinhart, Richard A.** "The Family Drug Awareness Group: A Citizen-Initiated Example of Effective Community Concern." *Journal of Drug Education*, 4, 2 (Summer 1974), pp. 151-55. EJ 105 580.

Although all the prescriptions for successful drug programs stress the importance of involving parents, no existing literature tells how this might be done. Programs are generally founded within school systems or public service agencies, and, if parents are included, it is usually at the end of the process. But in the Family Drug Awareness Group of Ventura County, California, things happened in just the reverse manner.

The group came into existence through the efforts of a set of parents whose son, addicted to heroin and despairing of escape from it, committed suicide. The parents decided that "one important factor in their failure to help their son was their general ignorance about drugs and their effects," an ignorance they discovered that their neighbors shared.

After talking to the PTA, which offered its help, organizers turned to the media. The publicity struck a responsive chord in the county, which has more arrests for heroin addiction than does San Diego County, four times its size. Offers of help came from the county mental health agency, the district attorney's office, the police department, and a group called Teen Challenge.

The Drug Awareness Group decided that the greatest value lay in "using the opportunity of a family approach to explore and outline the interpersonal problems, developmental changes in adolescence, and family conflict sources that often underlie drug experimentation and abuse, at least among teenagers." It was decided that significant effort should go into "providing opportunities for genuine interaction between children and adults."

At the time the article was written the group had sponsored three group meetings and was in an expansion phase. Although little evaluation has been done, the program is seen by some as "a model which other communities might well emulate."

9 **Southern Regional Council.** *Why Evaluate Drug Education? Task Force Report.* Atlanta: 1975. 40 pages. ED 119 052.

The weakest link in drug education is program evaluation. Too often the task of evaluation is delayed until the program has been completed, depriving participants of valuable information on goals and successes that could be of help when presented in the form of progress reports. Often the evaluation is only a *pro forma* endeavor to satisfy a funding agency. Even when program administrators engage in aggressive evaluation, they are hampered by a lack of knowledge about what constitutes a complete evaluation.

This pamphlet offers much practical advice on evaluation writing by first distinguishing between two kinds of evaluation: "process" and "impact." The process evaluation lists components of the program, names of personnel, and techniques and methods used. Although this information forms an important part of the report, it is not the entire report, as some evaluators assume.

The real heart of evaluation occurs in the "impact" statement, which defines a measurable, feasible objective. It reports the "measure of change that took place in the target population." It includes a description of the target population, a statement of the amount of time the program covers, an explanation of "key factors" and "key indicators," and a rationale that explains the "logic underlying the choice of objectives as a step toward the overall goal."

This report also offers practical advice on cutting evaluation costs, guidelines for calculating the cost-effectiveness of the program, and advice for choosing an evaluator.

10 **Wiggins, Xenia.** *Public Schools and Drug Education. Report of a Conference.* Atlanta: Southern Regional Council, 1972. 43 pages. ED 090 476.

This report presents the thoughts of educators, school administrators, and legislators at a 1972 conference in New Orleans, one of the earliest conclaves of its sort to address the wide-ranging problems of drug education in the schools.

Some of the information is dated, but the conference addressed itself to many questions that are still pertinent. When asked when drug education should begin, most educators agreed it should begin in the very earliest grades, since the average initiation into recreational drug use occurs between the ages of nine and eleven. Where should drug education appear in the curriculum? Many warned against placing it in a special class, thereby isolating it from the total pattern of a student's behavior.

How can the school reach high-risk users? One way is the institution of "rap" houses placed off campus where students can talk freely with other students about their problems. This recommendation, incidentally, has been incorporated in many affective drug education programs.

The task force recommends that school drug policies be flexible

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enough to deal with a variety of situations, that rules be enforceable, that every attempt be made to keep students inside the school system, that schools operate a liaison with the police department, and that students be involved with writing drug policies.

The task force report also includes a copy of a Maryland drug law that protects the confidentiality of information a teacher receives in the course of drug counseling. The enactment of such laws to protect both students and those who counsel them should be supported by school districts.

11

Wolk, Donald J., and **Tomanio, Anthony J.** "A Community-School Problem-Solving Approach to the Drug Situation." *Journal of Drug Education,* 4, 2 (Summer 1974), pp. 157-68. EJ 105 581.

Community drug education programs now bear less resemblance to drug programs than to interaction-oriented, self-awareness groups. Such is the case in this Connecticut community that decided a program "focusing . . . on drugs, *per se,* was not believed to be of prime usefulness." Rather, the community decided on a workshop format attacking major objectives: to promote awareness and appreciation of self and others, to practice skills for communication, and to plan ways of resolving current drug problems in the community.

One all-day workshop was scheduled for students, teachers, administrators, parents, ministers, and other interested persons. Over one hundred people attended and were divided into ten groups that identified major issues. Two followup workshops to explore these issues were scheduled in the ensuing two weeks.

The fact that each workshop drew smaller numbers than its predecessor might be interpreted as a sign of the program's failure. But in fact, from these meetings emerged a strong nucleus of about fifty people who formed four ongoing groups. Several members of one group began doing voluntary work with drug agencies. Another group sponsored rap sessions in the schools. A third worked with school administrators in human relations, and a fourth cataloged and made lists of summer recreational activities available as alternatives to drug use.

In this case the open meeting device worked effectively to attract volunteers whose energies were channeled into areas of their greatest interest.

12

Zimering, Stanley. "Health and Drug Education—How Effective? (An Instrument to Evaluate Your Drug Education Programs.)" *Journal of Drug Education,* 4, 3 (Fall 1974), pp. 269-79. EJ 114 030.

Zimering's survey provides a refreshing alternative to standard drug program evaluations written by staffers, because he goes directly to clients—students who are in the best position to discuss their experiences in the program. Over ten thousand high school students completed questionnaires intended to gather information on current programs, to find out what students thought about their health programs and teachers, and to find what parts of the program are perceived by students as most interesting.

Survey results provided a fund of useful and interesting information. Students preferred class materials composed of "discussions by an ex-addict, special films, and class debates." Textbooks, pamphlets, and discussions led by medical specialists were rated the least interesting. Students were generally eager to receive drug information, but felt it should be concentrated in lower grades, especially grades four through nine. Zimering's survey corroborates other findings that "the fastest rate of increasing exposure to drugs occurs between the seventh and ninth grades."

In their relationships with health instructors, students felt they received accurate information. They felt their teachers were frank and encouraged open discussion but were no more knowledgeable than themselves about drugs.

In terms of personal use habits, only a minority of students felt "that they could deal with a drug problem on their own." They said they would turn to friends, a brother, or sister before any "authority figures such as parents, teachers, or principals."

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